

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TENNESSEE
UNITED STATES BANKRUPTCY COURT
WESTERN DIVISION
RECEIVED

In re

Case No. 07-21022

ANTONIO M THOMAS

Chapter 13

Debtor(s)

MAY 25 2021
LISA H. HANEY
CLERK OF COURT
WESTERN DISTRICT OF TENN.

PRO SE MOTION FOR PAYMENT OF UNCLAIMED FUNDS

It appears to the Court that the following movant-claimant ("claimant") asserts entitlement to certain monies that have been paid over to the Clerk of the United States Bankruptcy Court as unclaimed funds in the amount of \$ 1,112.00.

Claimant's Name: ANTONIO M THOMAS
(Name) (Please Print)

Claimant's Address: 10862 NICHOLS BLVD APT 22-1
(Street address) (Please Print)

OLIVE BRANCH MS 38654
(City, State, and Zip Code) (Please Print)

***** Claimant must attach copy of official government photo ID or social security card***
to this motion.**

The movant-claimant certifies, under penalty of perjury, that he/she is entitled to receive the requested funds based upon (check the box(es) that apply):

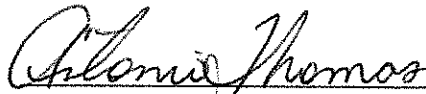
- ☒ The claimant is the owner of said funds and appears as the owner on the records of the Court.
- ☐ The claimant is seeking to claim funds deposited in the name of another individual or business or corporation, as evidenced by the attached Affidavit and other identifying documents.
- ☐ The claimant is the personal representative of the owner's estate or the sole heir of the owner who is deceased, as evidenced by the attached Affidavit and other identifying documents.
- ☐ The claimant is the assignee or successor-in-interest of the owner's claim to said funds, as evidenced by the attached Affidavit or Assignment of Right.

This motion is submitted with the necessary documents to prove claimant's identity and status, and the owner's claim of entitlement. (Documents may include power of attorney, formal assignment, letter of appointment, court order, death certificate, probate documents, drivers license, social security card, proof of rights to claim, etc.)

The claimant also certifies that a reasonable investigation has been conducted. The funds

have not been previously paid; are not in dispute; no other motion is pending for recovery of funds; and claimant/owner is entitled to funds or has the authority to collect the funds as evidenced by proper attachments.

Claimant requests that the Court enter an Order directing payment of the unclaimed funds described above to the claimant in accordance with the documents submitted in support of the application.



Claimant's signature

10862 NICHOLS BLVD APT 22-1

Address

OLIVE BRANCH MS 38654

City, State, Zip Code

(901) 707-1977

Telephone number (including area code)

05/06/21

Date

*** This motion may be continued from time to time by oral announcement made in open court. The Court will prepare the order granting or denying the motion after the hearing date. Checks typically will be processed and mailed to claimant at the above address within six to eight weeks after the hearing.

Fill in this information to identify the case:

Debtor 1 Antonio M Thomas
 First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Western District of Tennessee

Case number: 07-21022

TNWB LBF 1340 (01/20)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$1,112.00

Claimant's Name: Antonio M Thomas

Claimant's Current Mailing Address, Telephone Number, and Email Address: 10862 Nichols Blvd, Apt 22-1
Olive Branch MS 38654
(901) 707-1977

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notices to Parties and U. S. Attorney

☒ Applicant has sent a copy of this application and supporting documentation to debtor(s), attorney for debtor(s), the original creditor, and also for the U. S. Attorney for the Western District of Tennessee, at the following address:

U. S. Attorney for the
Western District of Tennessee
167 North Main Suite 800
Memphis, TN 38103

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 05/06/21

Antonio Thomas

Signature of Applicant

Antonio Thomas

Printed Name of Applicant

Address: 10862 Nichols Blvd, Apt 22-1
Olive Branch MS 38654

Telephone: (901) 707-1977

Email: AntonioThomas352@gmail.com

6. Notarization

STATE OF MS

COUNTY OF Desoto

This Application for Unclaimed Funds, dated May 6th 2021 was subscribed and sworn to before me this 6 day of May, 2021 by

Antonio Thomas

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Brittany N. Hall

My commission expires:

02-02-2024

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

N/A

Signature of Co-Applicant (if applicable)

N/A

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

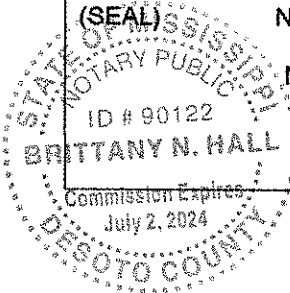
This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:



CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

U. S. Attorney for the
Western District of Tennessee
167 North Main Suite 800
Memphis, TN 38103

Debtor's Name Antonio Thomas
and Address: 10862 Nichols Blvd, Apt 22-1
Olive Branch MS 38654

Debtor's Attorney's Name Jimmy McElroy
and Address: 3780 S Mendenhall Rd
Memphis TN 38115

Original Creditor's Name Antonio Thomas
and Address: 10862 Nichols Blvd, Apt 22-1
Olive Branch MS 38654

Names and addresses of any other parties served:

05/06/21
(Date)

Antonio Thomas
(Signature)

Antonio Thomas

(Name Printed)

10862 Nichols Blvd, Apt 22-1

(Street or P O Box Address)

Olive Branch

(City)

MS

(State)

38654

(Zip Code)